

# Retail Food Inspection Report

Floyd County Health Department

Telephone (812) 948-4726

<b>Establishment Name</b> TACO BELL NO. 20585	<b>Telephone Number</b> Est (812) 949-7084 Own (812) 945-9810	<b>Date of Inspection</b> 05/10/2022	<b>ID#</b>
<b>Address</b> 4018 GRANT LINE ROAD, NEW ALBANY IN 47150			
<b>Owner</b> C & M SMITH RESTAURANT, INC.	<b>Purpose</b> <input type="checkbox"/> Routine <input type="checkbox"/> Follow-up <input checked="" type="checkbox"/> Complaint <input type="checkbox"/> Pre-Operational <input type="checkbox"/> Temporary <input type="checkbox"/> HACCP <input type="checkbox"/> Other (list)	<b>Follow Up</b>	<b>Released</b> 05/20/2022
<b>Owner's Address</b> 5140 CHARLESTOWN ROAD SUITE 4 NEW ALBANY, IN 47150-		<b>Menu Type</b> 1 _ 2 <u>X</u> 3 _ 4 _ 5 _	
<b>Person in Charge</b> CHRIS LAMB			
<b>Responsible Person's Email</b> RS020585@TACOBELL.COM			
<b>Certified Food Handler</b> AARON NEWTON			

CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"  
VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE COLUMN MARKED AS "R"

Section #	C	NC	R	Narrative	To Be Corrected
		X		Complainant stated they ate tacos around 2PM. At around 5PM, they had diarrhea. FCHD followed up by inspecting establishment. No violations were found. All employees were wearing gloves when preparing food. All sanitizer levels were within allowable levels. All food was being held at correct hot and cold temperatures.	

Summary of Violations C 0 NC 1 R 0

Received by (name and title printed):

CHRIS LAMB

Inspected by (name and title printed):

Christa Manus EHS

Received by (signature):

Inspected by (signature):

*Christa Manus*

cc:

cc:

cc: